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LARYNGEAL HEMORRHAGE,

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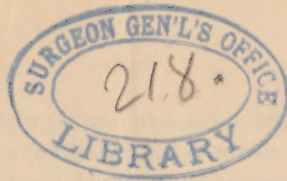
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LARYNGEAL HEMORRHAGE.

That hemorrhage from the larynx is more a symptom of disease of that organ than a disease *per se*, is the experience of most laryngologists, being associated most frequently with active inflammation of the parts and solutions of continuity, such as wounds, contusions and ulcerations of the mucous membrane. Ziemssen regards laryngeal hemorrhages, which are not of traumatic origin, as generally unimportant. The blood extravasated into the tissue of the mucous membrane and upon its surface, being slight in amount, generally appearing in the form of streaks upon the catarrhal secretion, and soon disappears.

In most cases the laryngoscope reveals only a small bleeding point. Such cases of capillary hemorrhage depending upon very active inflammation, having been reported by Tobold, Semeler, Von Bruns and Lewin. Similar cases, no doubt, have been observed by every physician accustomed to the use of the laryngoscope.

Another form, that of hemorrhagic infiltration of the sub-mucous tissues of the larynx, is far more serious in its consequences, the blood becoming rapidly extravasated into the tissues and producing a sudden and often fatal œdema, and results most frequently from traumatic injury to the larynx, though cases have been reported by Sestier¹ and Reuhle² as the result of constitutional disturbance. Extensive ulceration of the mucous membrane has been known to cause even fatal hemorrhage. Türk³ describes a case of laryngeal syphilis in which hemorrhage occurred from an eroded lingual artery in consequence of an ul-

¹ Traité de l'angine laryngée œdermateuse, 1852. pp. 62, 114.

² Kehlkopf Krankheiten, p. 172.

³ Klinik der Kehlkopfkrankheiten, p. 413.

ceration of the right sinus pyriformis, with denudation and necrosis of the great cornu of the hyoid bone.

Gibb⁴ also reports a case in which the hemorrhage took place from a breach of surface in the mucous membrane of the left ventricle, the result of syphilitic dyscrasia, which recovered under treatment. It is possible for the laryngeal mucous membrane to be bruised or cut by the passage of hard or rough morsels in the act of swallowing, or by the accidental passage of a sharp and jagged foreign body, giving rise to either a slight hemorrhage from the surface or causing a sub mucous infiltration of blood. Two cases of the above forms of hemorrhage having come under my own observation. One, in which the mucous membrane covering the right arytenoid cartilage was cut and torn away by the accidental passage of a splinter of crab shell, from which the hemorrhage was but slight in amount. The other, in which the crest of the epiglottis was bruised and infiltrated by the accidental swallowing and impaction, for a few seconds, of a pecan nut.

Fraenkel⁵ and Sommerbrodt⁶ have reported cases of sub-mucous laryngeal hemorrhage. Fraenkel's case occurring in a lady aged 28, in the last month of her fourth pregnancy, who suffered from daily vomiting, hoarseness, dyspnoea and blood-spitting. The chest presented no abnormal symptoms. Examination of the larynx revealed a blackish redness and swelling of the mucous membrane, and a sanguinous discharge, but no ulceration. Under treatment the symptoms gradually subsided and entirely disappeared after her accouchement. Dr. Fraenkel thinks, with Dr. Semeleder, that the predisposing causes of pure laryngeal hemorrhages are excessive vomiting and also a low degree of atmospheric pressure, as maintained by Dr. Navratil.

Sommerbrodt's case was one in which a dark, round body of the size of a cherry stone was seen projecting from the posterior laryngeal wall; it was soft and firmly adhered to the interarytenoid space. Upon being opened with a bistoury, a quantity of dark blood flowed out and the swelling disappeared. It was, from the history of the case, supposed to have been caused by the swallowing of some hard, foreign body.

The following case which came under my observation a short

4 The Throat and Windpipe, p. 264.

5 Berliner Klinische Wochenschrift, 1874, No. 2.

6 Berliner Klinische Wochenschrift, April, 1878.

time since, is one of particular interest, unconnected as it was with either a traumatic cause or inflammatory action.

Mr. L., aged 32, a strong, robust man, weighing about 162 lbs., came under my charge on the morning of Dec. 10th, 1878, with the following history: Being an active member of a singing society, he had, the evening before, attended one of its rehearsals, singing his parts as usual, without any extra exertion or inconvenience. Returning home feeling perfectly well, was taken about an hour later with a sudden filling up of his throat, a sense of choking, and expectorated from two to three ounces of pure, bright red blood. The free use of ice controlled the hemorrhage for the time, there being no further bleeding until the following morning, when, shortly after arising, he was again taken with hemorrhage, experiencing the same feelings as the night previous and expectorating about the same quantity of blood, of a florid color.

The use of ice was again resorted to, but with only partial success, as he continued to expectorate blood in small quantities until seen by me, about one hour after the commencement of the hemorrhage. There was no history of pulmonary disease or previous throat trouble. On careful examination, his chest revealed no abnormal condition of the lungs or heart. Inspection of the mouth, gums, pharynx, naso-pharynx and nasal cavities showed no bleeding points, the parts to all appearances seeming perfectly healthy.

Attention being next directed to the larynx and an examination of the same being made, the source of the hemorrhage was readily seen to be a largely ruptured capillary vessel, upon the upper surface, about the middle of the left ventricular band, from which the blood could be seen oozing gradually, trickling down into the glottis, producing paroxysms of dyspnoea, coughing and expectoration. There was no rupture of the tissues, or any apparent diseased condition of the larynx, though the general appearance of the surrounding parts were slightly changed by the discoloration consequent from the flow of blood. Careful examination showed no farther bleeding points. The application of a strong solution of ferric alum, (3ss to glycerine and water ââ 3ss) with a laryngeal brush directly to the seat of hemorrhage, and a weak solution of the same in the form of a spray thrown into the larynx, readily controlled the flow of blood.

The patient was again seen the following day, when the point

from which the hemorrhage took place had entirely disappeared there having been no return of the bleeding.

Upon his second visit a much more satisfactory examination was made, and still no diseased condition could be made out to explain this sudden and unaccountable rupture of a capillary vessel. That infarction of a blood vessel may frequently be the cause of rupture and hemorrhage from the same is well known; and further, that capillaries may also be the seat of fatty degeneration, the epithelial cells being destroyed in the process, and the walls so much damaged that rupture is often the ultimate result. It is more than probable that either one or the other of these pathological changes was the primary cause of the hemorrhage in the case just cited.

Had no laryngoscopic examination been made in the above case, it would undoubtedly have been diagnosed as a case of bronchial hemorrhage, though the physical examination may not have given satisfactory evidence. An error in itself to require every physician to be familiar to a certain extent with the handling of a laryngoscopic mirror. The case further justifies me in thinking that we may look for, and that it is possible for laryngeal hemorrhage to take place, without necessarily being connected with either traumatic causes or inflammatory action. Also, that such hemorrhages, unconnected with either of the above causes, may prove to be a question of serious import.



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